

## **Challenging Environmental Racism by Reshaping Epistemology**

### **Introduction**

As political theorists, historians and above all, humanitarians, it is vital to cast an analytical light on the social conditioning of narratives and perspectives to achieve a qualitative understanding of sociological processes and realities. “Epistemology,” thus, is a concept that invites the examination between “justified belief and opinion” (“Epistemology”). Using the Bhopal disaster as a case study, I examine how Erevelles’ “Race” and Shadaan’s “I Know about My Own Body...They Lied” challenge the epistemologies of the biomedical sciences that enable environmental racism, sexism, and classism. I propose a flexible research method that builds an autonomous platform for racialized experiences by addressing ideological racism in academia. This can be done by introducing and developing a combined approach of phenomenological research and ethnography. This means that this method will incorporate marginalized people’s voices, not through mediators, but as emotional, rational, and legitimate sources, themselves. This approach will challenge the binary understanding of ‘truth’ in a society that is often suspended between misinformation and propaganda. Epistemic justice can be achieved by challenging the colonial culture in medical epistemology that advocates for eugenical-environmental racism.

### **Case Study: The Bhopal Disaster**

In India, the city of Bhopal is made up of poor immigrants who were “driven out of their [villages]” due to “mechanized agriculture” (Shadaan 66-7). Their realities are a stark reminder of the pervasiveness of present-day colonialism and neoliberal industrial projects. An American-owned pesticide-producing plant in Bhopal used “untested technology,” revealing the startling link between using the racialized poor as ‘guinea pigs’ or ‘tools’ for Western knowledge ‘development’

and promoting racial capitalism (66-7). In 1984, the plant leaked methyl isocyanate (MIC), and exposure to it, and decades-long pollution, resulted in 150,000 people facing increased rates of diseases, including reproductive health issues for women (66-7).

Flexibility in the application of interdisciplinary and qualitative studies is integral to supporting Bhopal's patients' voices. For example, the weathering hypothesis has become notable for its interdisciplinary focus on the biomedical sciences and critical race studies. It recognizes that life challenges (allostatic loads) and causal (oxidative) stress reveal health disparities among marginalized communities. While stress is a factor in the Bhopal residents' deteriorating health, the weathering hypothesis alone would be insufficient in recognizing how eugenical-environmental degradation has further harmed the community. Importantly, this essay does not attempt to challenge the value of the biomedical sciences which yield rewarding and vital services. Instead, it offers a race-friendly approach to the subject, such that the biomedical sciences can be taught and applied in light of interdisciplinary discourses.

### **The Ethnographic-Phenomenological Methodology**

A strong qualitative research method challenges the colonial epistemology that frames the victims of environmental racism as 'spontaneously and impulsively' erroneous. This epistemology, further, frames elitist biomedical propaganda as definite truth when it characterizes the normative healthy body and environment based on affluence. Moreover, this essay's proposed research method will take the steps to empower humanitarian solidary efforts and their members' individual voices.

Through racial essentialism, Enlightenment-era thought used race to prove one's social "insufficiency," while (dis)abilities determined one's "real human incapacity" (Erevelles 147). Western biomedical studies on the impacts of pollution and in developing tested technology,

inevitably, were only attainable through the objectification and monopolization of racialized bodies. As Bhopal's population faced adverse health reactions to toxic emissions, a study stated that their experiences had "such graphic detail" that their symptoms "could not be malingering or wild imaginations" (Shadaan 67-8). The postulation that Bhopal's experience could be an 'imagination' illustrates how the Western biomedical narrative insinuates that racialized patients' claims should only be considered if they are affirmed by a third-party. This third-party, furthermore, are often socially proclaimed 'experts' who assume that their medical backgrounds supersede direct experiences. In opposition to scientific racism, Shadaan suggests that a phenomenological methodology enables the "patient's self-understanding and experience of illness" to be a "legitimate source of... medical knowledge" (68). Furthermore, I argue that an ethnographic-phenomenological methodology would validate the patient's experiences, appreciating their lenses shaped by race, gender and (dis)abilities, while also considering how colonial epistemology works against their experiences.

### **Eugenical-Environmental Racism**

The racist, sexist, and classist ideologies in medical jargon expose colonial tensions within social and even linguistic spheres. To reiterate, the biomedical lens perceives its dominant narrative as the single and 'factual' truth. Its approach is further influenced by the supposedly 'objective' Enlightenment-era frameworks. Cumulatively, these produce notions that attempt to delegitimize abstractions and human subjectivity. Epistemology behind expressing human emotions, for example, is perceived as non-human in the racist, toxic masculine and ableist gaze. Ironically, contemporary biomedical arguments posit that the suppression of emotions is unsustainable, revealing that the biomedical lens is not driven by observable facts, but through the social conditioning of what colonial epistemology views as normative (Erevelles 147).

Ethnographic studies, furthermore, reveal how colonial influences throughout the Enlightenment-era were pervasive in developing the Western toxic masculine rhetoric. For example, the feminization and racialization of “paranoia” and “hysteria” are used by medical ‘experts’ to disconnect environmental degradation from health. In Bhopal, this led to the gross practice of silencing mothers from discussing “deformities and abnormalities” in children resulting from MIC exposure (Shadaan 69-70). Ethnographic-phenomenological analysis can conclude that colonial ways of knowing are actively perpetuated to remain static. When this is translated into social spheres, the biomedical culture demands a disproportionate patient-doctor dynamic, thereby maintaining the status quo that attempts to strip patients of their autonomy, empowerment, and humanity.

An in-depth analysis would further recognize how racist trends impact marginalized communities within and beyond borders and how colonial epistemology influences this. Eugenics, for example, an Enlightenment-aged Freudian project institutionalized “selective breeding,” bolstering colonial culture (Erevelles 146). Environmental and medical racism is also exemplified when African American children are more likely to be exposed to “toxic waste,” which caused “developmental delays” as their homes are near toxic facilities (147). The unsafe living environment for both racialized and financially-struggling homes in Bhopal and America signals the pervasiveness of colonial imperialism. Here, the value of these lives and futures are measured based on race, gender, and wealth.

## **Conclusion**

Consider the following geopolitical deduction: exposure to toxic waste is disproportionately positioned near racialized communities and this enables systemic medical negligence; both are fueled by colonial epistemology against racialized and sexualized bodies. It

is only plausible to argue that the neoliberal, industrialization project is a newer form of colonial eugenics, aimed to disempower, silence, and threaten the very existence of marginalized people. Recognizing this agenda, however, is an integral step to help integrate marginalized communities as essential members of the global community. Delegitimizing colonial epistemology, furthermore, creates the foundations for a world that emphasizes mutual trust, respect, and cooperation. This proposed methodology further normalizes addressing these communities as multifaceted and valuable ones, instead of simply ‘marginalized,’ therefore celebrating their unique histories and realities.

Erevelles and Shadaan analyze the intersectionality of race, gender, class, health, and environmental justice through a qualitative and anti-ableist framework. Catered to a bioethical lens, an ethnographic-phenomenological methodology can highlight colonial-biomedical epistemic hypocrisy and importantly, advocate for patient self-determination.

## Works Cited

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